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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/602,242
		Filing Date	June 24, 2003
		First Named Inventor	Ye FANG et al.
		Group Art Unit	1641
		Examiner Name	Nelson C. YANG
Total Number of Pages in This Submission		Attorney Docket Number	015275-60007

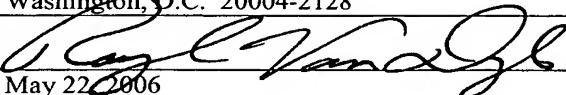
### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Appeal Brief in triplicate</b>
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#### Remarks

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Raymond Van Dyke, Registration No. 34,746 Nixon Peabody LLP 401 9 <sup>th</sup> Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	May 22, 2006

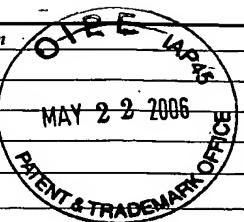
# FEE TRANSMITTAL FOR FY 2006

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$500.00)

<i>Complete if Known</i>	
Application Number	10/602,242
Filing Date	January 24, 2003
First Named Inventor	Ye FANG et al.
Examiner Name	Nelson C. YANG
Art Unit	1641
Attorney Docket No.	015275-60007



## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

Deposit Account:

Deposit Account Number

19-2380

Deposit Account Name

Nixon Peabody LLP

## The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	300	2001	150	Utility filing fee	
1002	200	2002	100	Design filing fee	
1003	200	2003	100	Plant filing fee	
1004	300	2004	150	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	

**SUBTOTAL (1)**

(\$ 0)

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims		-20** =		0
Independent Claims		-3** =		0
Multiple Dependent		X		0

Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	** Reissue independent claims over original patent
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** (\$ 0)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1,020	2253	510
1254	1,590	2254	795
1255	2,160	2255	1,080
1401	500	2401	250
1402	500	2402	250
1403	1,000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1,500	2453	750
1501	1,400	2501	700
1502	800	2502	400
1503	1,100	2503	550
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** \$ 1,520.00

## CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

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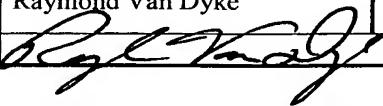
transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) \_\_\_\_\_.

Date

Signature

Typed or printed name

## SUBMITTED BY

Name (Print/Type)	Raymond Van Dyke	Registration No. (Attorney/Agent)	34,746	Telephone	(202) 585-8000
Signature				Date	May 22, 2006

SEND TO: Commissioner for Patents  
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